

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 20 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16010

1. PLACE OF DEATH

County Davless
Township Union
City _____ (No. _____)

Registration District No. 250
Primary Registration District No. 5348

File No. _____
Registered No. 751
St. _____ Ward _____

2. FULL NAME Theophile Carl Langhorst

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bess Langhorst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5, 1898

7. AGE YEARS 36 MONTHS 9 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agriculture
10. Date deceased last worked at this occupation (month and year) July, 1935 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) Valley City (STATE OR COUNTRY) Ohio

FATHER 13. NAME August Langhorst

14. BIRTHPLACE (CITY OR TOWN) Hanover (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Marie Dieterlie

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

17. INFORMANT Wm. Langhorst (ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery DATE May-31, 1935

19. UNDERTAKER Hope Furn. & Undt. Co. (ADDRESS) Gallatin, Mo.

20. FILED 6-5-35 Ph. Gindner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1935

22. I HEREBY CERTIFY, That I ^{VIEWED} ~~attended~~ deceased from _____, 19____, to _____, 19____

I last saw him ^{DEAD} ~~alive~~ on May 28, 1935. Death is said to have occurred on the date stated above, at ABOUT 7PM.

The principal cause of death and related causes of importance were as follows:

Gun shot wound
in head
Date of onset 5/28-35

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 5/28, 1935

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury in Home
22 caliber Rifle
Nature of injury Shot in Right temple

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) H. A. Hope, acting coroner
(Address) Gallatin, Mo.

